	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.			FILING DATE		

	AS FILED		1ST AMENDMENT		2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP

(CLAIMS / APPLICANT(S) header)

Multiple Dependent Claim Fee Calculation Sheet, PTO-1360. Left grid rows numbered 1–50 with columns for AS FILED (IND/DEP), 1ST AMENDMENT (IND/DEP), 2ND AMENDMENT (IND/DEP). Right grid rows numbered 51–100 with corresponding columns. Bottom rows: TOTAL IND., TOTAL DEP., TOTAL CLAIMS.